

220077
220078

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

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OCT 30 2009

T.T.W.W.W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 277 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Sherye Epps

Telephone:

843-206-3800

Address:

2012 Glenmore WAY
Florence S.C 29505

Fax:

843-669-9258

Other:

843-676-0900

Email:

SunshineEpps@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☒ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



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PSC SC
DOCKETING DEPT.

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a c S.C. Office of Regulation Transportation Department 1401 Main Street, Suite 100 Columbia, S.C. 29201 0578 (803) 73 FAX (803) 73 737-0815
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DATE: 10.27.09

Please consider this an application for Reinstatement of my:

✓ Taxi Certificate Number 304 1744

Charter Certificate Number _____

Charter Bus Certificate Number _____

Non-Emergency Certificate Number _____

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ORS
T,T,W,W,W✓ My certificate was revoked/cancelled on _____ because failto report

(DATE)

I am seeking reinstatement because misant aware of paper work
not file. The car has been in the shop
couldn't report 100 percent it but, able now if you could
please reinstate me.

Sherye Epps DBA Sherye Epps
(Name of Company)
applicable)

(if

2012 Glenmore Way
Florence S.C 29505
(Street Address)
from Street Address)

(Mailing Address if different

843-206-3800

(Telephone Number)

Owner

(Title)

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

CARRIER NAME Sherye Epps
STREET ADDRESS 2012 Glenmore Way
CITY, STATE, ZIP CODE Florence S.C. 29505
MAILING ADDRESS Same
CITY, STATE, ZIP CODE Same
TELEPHONE NUMBER (AREA CODE) 843-206-3800
FEDERAL IDENTIFICATION NUMBER _____

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ORS
T.T.W./W/W

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ 0 (Money paid to employees)

3. Rent \$ 0 (vehicles, office)

4. Other \$ _____ (expenses that are not included in the other categories)

5. Total Expenses \$ 0

6. Net Operating Income (Loss) \$ _____ e #1 minus line #5)

7. Insurance Co. Name/Policy No. PTA 04772701 Canal Insurance
No. of Vehicles Insured: 1

? 8. Decal Fees Paid YES (✓) No () No. of Vehicles 38
(through June of Current Year)

Affidavit

State of	<u>South Carolina</u>
County of	<u>Univerted State</u>
I, <u>Sherys Epps</u>	of the
	Company
hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.	
<u>Sherys Epps</u>	Signature
<u>10-28-09</u>	Date